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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 6515

|                             |                                   |              |                        |                                  |
|-----------------------------|-----------------------------------|--------------|------------------------|----------------------------------|
| SERIAL NUMBER<br>10/788,634 | FILING DATE<br>02/27/2004<br>RULE | CLASS<br>194 | GROUP ART UNIT<br>3653 | ATTORNEY<br>DOCKET NO.<br>D-1205 |
|-----------------------------|-----------------------------------|--------------|------------------------|----------------------------------|

## APPLICANTS

Jon Washington, Clinton, OH;

Eric VanKeulen, North Canton, OH;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/451,084 02/28/2003  
 and is a DIV of 10/750,571 12/30/2003  
 which claims benefit of 60/437,636 12/31/2002  
 and claims benefit of 60/437,637 12/31/2002

*VS*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*VS*

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 06/18/2004

| Foreign Priority claimed<br>35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br><br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no Met after Allowance | STATE OR COUNTRY<br>OH | SHEETS<br>DRAWING<br>51 | TOTAL CLAIMS<br>33 | INDEPENDENT CLAIMS<br>4 |
|---|--|------------------------|-------------------------|--------------------|-------------------------|
| Verified and Acknowledged<br><br>Examiner's Signature       | Initials   |                        |                         |                    |                         |

## ADDRESS

28995  
 RALPH E. JOCKE  
 walker & jocke LPA  
 231 SOUTH BROADWAY  
 MEDINA , OH  
 44256

## TITLE

ATM currency cassette arrangement *With Currency Level Indicator Arrangement*

*VS*

|                  |   |  |
|------------------|---|--|
| FILING FEE       | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other |
| RECEIVED<br>1090 | No. _____ for following:  |  |

